

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589617

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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11						
12						
13			1	1		
14			1	1		
15			1	1		
16			1	1		
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18			1	1		
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TOTAL IND.			↓	↓	↓	
TOTAL DEP.		←	↓	←	←	
TOTAL CLAIMS		↓	↓	↓	↓	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.		←	↓	←	←	
TOTAL CLAIMS		↓	↓	↓	↓	